

03/29/00

C781 U.S. PTO

Please type a plus sign (+) inside this box → ☐PTO/SB/05 (4/98)  
Approved for use through 09/30/2000 OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 673-1002

First Inventor or Application Identifier Goodman

Title Message Signalling In A Synchronous Transmission Apparatus

Express Mail Label No. EL 388 803 351 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 38]  
(preferred arrangement set forth below)
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
4. Oath or Declaration [Total Pages 3]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
- ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney  
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \* Small Entity Statement filed in prior application,  
Statement(s) Status still proper and desired  
(PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15. ☐ Other:

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

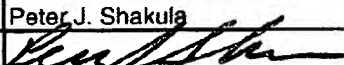
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	William M. Lee, Jr.			
	Lee, Mann, Smith, McWilliams, Sweeney & Ohlson			
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City	Chicago	State	Illinois	Zip Code 60690-2786
Country	USA	Telephone	(312) 368-1300	Fax (312) 368-0034

Name (Print/Type)	Peter J. Shakula	Registration No. (Attorney/Agent)	40,808
Signature		Date	3/29/00

Burden Hour Statement! This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Kelly

Please acknowledge  
receipt of the  
enclosed:

David M. Goodman

Message Signalling In A Synchronous  
Transmission Apparatus

SERIAL NO: To be assignedFILING DATE: Herewith

1. Utility Patent Application Transmittal
2. Fee Transmittal for FY 1999 in duplicate
3. Check No. 39291 for \$1042.00
4. Assignment Transmittal and Assignment
5. Declaration and Power of Attorney
6. Specification with three (3) sheets of drawings
7. Certificate of EXPRESS MAIL.
8. Return Post Card.

DATE SENT: March 29, 2000

WJR:lmb


"Express Mail" mailing label number

EL388803351USDate of deposit: March 29, 2000

I hereby certify that this paper or fee is being deposited with the  
United States Postal Service "Express Mail Post Office to Addressee"  
service under 37 CFR 1.10 on the date indicated above and is  
addressed to the Commissioner of Patents and Trademarks,  
Washington, D.C. 20231.

Richard Sensenbrenner

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		<p><i>Complete If Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Goodman</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>673-1002</td></tr> </table>		Application Number		Filing Date		First Named Inventor	Goodman	Examiner Name		Group / Art Unit		Attorney Docket No.	673-1002
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TOTAL AMOUNT OF PAYMENT	(\$ 1042														

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 12-0913</p> <p>Deposit Account Name: Lee, Mann, Smith, McWilliams, Sweeney &amp; Olson</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Small Entity Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	Peter J. Shakula		Reg. Number	40,808
Signature	Date	3/29/00	Deposit Account User ID	

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